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63796 7590 10/23/2007 GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. P.O. BOX 7021 TROY, MI 48007-7021				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENT		OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/658,302 09/09/2003 William Shelmon TTC-13002/08 2137 TITLE OF INVENTION: COLLAPSIBLE CONTAINER HOLDER						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	E DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/23/2008
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS			
LARSON, JUSTIN MATTHEW		3782	224-549000			
(A) NAME OF ASSIGN	dence address (or Char 22) attached. ttion (or "Fee Address' or more recent) attach D RESIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp	nge of Correspondence Indication form ed. Use of a Customer TO BE PRINTED ON fied below, no assignee letion of this form is NC	(1) the names of up or agents OR, alterr (2) the name of a si registered attorney 2 registered patent a listed, no name will THE PATENT (print or data will appear on the Ta substitute for filing (B) RESIDENCE: (Ci	ngle firm (having as a or agent) and the nam ttorneys or agents. If be printed. type) patent. If an assignan assignment. TY and STATE OR C	a member a less of up to no name is 2 Sprin Gitko COUNTRY) Country C	
Toy	ota Motor En	gineering & Ma	unufacturing No	orth America,	Inc. Ann A	Arbor, MI
Please check the appropriate	e assignee category or	categories (will not be p	rinted on the patent):	🔲 Individual 💹 Co	orporation or other private gr	oup entity Government
4a. The following fee(s) are submitted:			4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number ○7118○ (enclose an extra copy of this form).			
5. Change in Entity Status a. Applicant claims S	MALL ENTITY status	s. See 37 CFR 1.27.	* *	-	LL ENTITY status. See 37 C	
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Authorized Signature	/Thomas E	. Anderson/		Date	1/17/08	
Typed or printed name	Thomas E.	Anderson		Registration N		
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